



20th Annual APHMG Workshop &  
Special Interest Groups Meetings

May 7-9, 2014 • Silverado Resort • Napa, California

# PROGRAM and MEETING SCHEDULE







### Useful Information for APHMG Attendees

Silverado Resort	1600 Atlas Peal Road, Napa, CA; Tel: 707-257-0200; <a href="http://www.silveradoresort.com">www.silveradoresort.com</a>
Registration, Badge and Program material pick-up	Silverado East Foyer Wednesday 7:00 am – 6:30 pm; Thursday 7:00 am – 3:00 pm
APHMG Staff Office	Beaulieu Room
Medical Genetics Residency Program Directors' SIG	Silverado East – See program for further details
Graduate Program Directors SIG	Buena Vista Room – See program for further details
APHMG Workshop	Silverado East – See program for further details
APHMG Business Meeting and Dessert Reception	Silverado East
Medical School Genetics Course Directors SIG	Buena Vista/Sutter Home Rooms – See program for further details
Clinical Laboratory Training Program Directors SIG	Martini/Trefethen Room – See program for further details
Breakfast/Lunch	Fairway Deck – Wednesday and Thursday; The Terrace – Friday
Opening Reception	The Terrace
Opening Dinner	Fairway Deck
Thursday Evening Winery Tour and Dinner	Event will be held at Merryvale Winery. Meet in front of the Sales Office (near parking lot) by 4:45 pm to board the bus. Buses will depart at 5:00 pm promptly. Return transportation from Merryvale Winery at 8:45 pm.
Internet Access	Complimentary WiFi in Silverado East Ballroom. Unlimited WiFi Access on the property, included in the Resort Fee
Cameras, Cell Phones and Video Recording Devices	Attendees are asked to be respectful of their colleagues by turning off or putting cell phones on vibrate before entering meeting rooms.
Guests (paid)	Guests are invited to participate in all meal functions but are not permitted to attend the meetings.
Carpool/Share a shuttle back to the airport	Check the signup sheet for those that would like to carpool back to the airport. See the APHMG staff for more information.
Resort Fee	The Resort Fee is \$20 per day, and covers: bell gratuities and on-property transportation gratuities, self and valet parking, unlimited WiFi, tennis, daily newspaper, golf bag storage, access to work out and fitness facility plus workout classes.
Lounge/Bar	The Mansion Lounge. Open daily from 4:00 pm
Concierge	707-257-5439
On property transportation	707-257-0200
Activities	<b>Spa:</b> steam and sauna rooms, 25-meter lap pool, full menu of treatments, full-service beauty salon. <b>Fitness Studio:</b> variety of equipment, and complimentary exercise classes <b>Golf:</b> two PGA championship golf courses <b>Tennis:</b> 13 courts (3 lighted) available <b>Bikes:</b> bikes are available for rental and tours can be arranged <b>Bocce Ball:</b> three courts located at the Spa <b>Walk/run:</b> Map of Jogging trails on the property is available
Meeting Evaluation	A link to complete the online meeting evaluation will be sent to all attendees at the conclusion of the Workshop.

**20<sup>th</sup> Annual APHMG Workshop and Special Interest Groups Meetings  
May 7-9, 2014  
FINAL AGENDA**

**Wednesday, May 7, 2014**

7:00 am – 5:00 pm	<b>Registration Open</b>	<i>Silverado East Foyer</i>
7:00 am – 8:00 am	<b>Medical Genetics Residency Program Directors SIG – Breakfast</b>	<i>Fairway Deck</i>
8:00 am – 3:45 pm	<b>Medical Genetics Residency Program Directors SIG Meeting – Refer to page 7 for Agenda</b>	<i>Silverado East</i>
3:00 pm – 5:00 pm	<b>Graduate Program Directors/Educators SIG Meeting – Refer to page 8 for Agenda</b>	<i>Buena Vista</i>
5:00 pm – 6:00 pm	<b>APHMG Council Meeting (Closed Meeting)</b>	<i>Sutter Home</i>
6:00 pm – 7:00 pm	<b>Opening Reception</b>	<i>The Terrace</i>
7:00 pm – 8:00 pm	<b>Opening Dinner</b>	<i>Fairway Deck</i>
8:00 pm – 9:30 pm	<b>APHMG Business Meeting /Dessert Reception</b>	<i>Silverado East</i>

**Thursday, May 8, 2014**

7:00 am – 3:00 pm	<b>Registration Open</b>	<i>Silverado East Foyer</i>
7:00 am – 8:00 am	<b>Breakfast</b>	<i>Fairway Deck</i>
8:00 am – 10:00 am	<p><b>Plenary Session I:</b></p> <p><b>“Be Careful What You Say”: Advice on Appropriate Evaluations, References and Interviews</b> Case-based Discussion - Cases, Comments and Questions Encouraged</p> <p><b>Organized by:</b> Mira Irons, MD, ABMS</p> <p><b>Speaker:</b> Ellen Rothstein, JD, Children’s Hospital, Boston</p>	<i>Silverado East</i>
10:00 am – 10:30 am	<b>Break</b>	<i>Fairway Deck</i>
10:30 am – 12:00 pm	<p><b>Plenary Session II:</b></p> <p>Banbury III: Medical Genetics Training in the Genomic Era – Presentation and Discussion of Recommendations from February 2014 Banbury Summit regarding the evolution of clinical and laboratory training for Medical Geneticists</p> <p><b>Organized by:</b> Laurie Demmer, MD, Carolinas Medical Center</p>	<i>Silverado East</i>

	<p><b>Speakers:</b>  Bruce Korf, MD, University of Alabama at Birmingham  Mimi Blitzer, PhD, University of Maryland  Laurie Demmer, MD, Carolinas Medical Center  Gerald Feldman, MD, PhD, Wayne State University</p>	
12:00 pm – 1:00 pm	<b>Lunch</b>	<i>Fairway Deck</i>
1:00 pm – 3:00 pm	<p><b>Plenary Session III:</b>  Can Physician Education in Genomics Keep Pace with Advances in Science?</p> <p><b>Organized by:</b> Dave Wargowski, MD, University of Wisconsin; Mimi Blitzer, PhD, University of Maryland</p> <p>1:00 – 1:45 pm  <i>Report on Medical School Curriculum Survey</i>  <b>Speaker:</b>  Jevon Plunkett, PhD, Medical Student, Stanford University</p> <p>1:45 – 2:20 pm  <i>Genomics Education for Non-Geneticists</i>  <b>Speaker:</b>  Kate Reed, MPH, SCM, CGC, The Jackson Laboratory</p> <p>2:20 – 2:50 pm  <i>ISCC Update</i>  <b>Speakers:</b>  Teri Manolio, MD, PhD, NHGRI  Reed Pyeritz, MD, PhD, Perelman School of Medicine, University of Pennsylvania</p> <p>2:50 – 3:00 pm  <i>Discussion</i></p>	<i>Silverado East</i>
5:00 pm – 9:00 pm	Merryvale Winery Tour and Dinner	Buses load at 4:45 and depart at 5:00 pm at the end of the circular drive at the front of the Mansion.

## Friday, May 9, 2014

7:00 am – 8:00 am	<b>Breakfast</b>	<i>The Terrace</i>
8:00 am – 11:00 am	<p><b>Plenary Session IV:</b> Genomics Education for Genetics Students, Fellows and Graduate Students</p> <p><b>Organized by:</b> Darrel Waggoner, University of Chicago; Shoumita Dasgupta, Boston University School of Medicine</p> <p><b>Speakers:</b> Teri Manolio, M.D., Ph.D., National Human Genome Research Institute Jeanette McCarthy, MPH, PhD., UCSF School of Medicine</p>	<i>Silverado East</i>
12:00 pm – 2:00 pm	<b>Clinical Laboratory Training Program Directors SIG Meeting</b> – Refer to page 9 for Agenda	<i>Martini/Trefethen</i>
11:00 am – 12:30 pm	<b>Lunch</b>	<i>The Terrace</i>
12:00 pm – 6:00 pm	<b>Medical School Genetics Course Directors SIG Meeting</b> – Refer to page 10 for Agenda	<i>Buena Vista/Sutter Home</i>

### Posters

Submitted posters for the Medical School Genetics Course Directors SIG poster session will be displayed in Silverado East Foyer throughout the meeting. Posters will be discussed on Friday May 9th.

**Medical Genetics Residency Program Directors SIG Meeting  
Wednesday, May 7, 2014, 8:00 am – 3:45 pm – Silverado East  
AGENDA**

7:00 am – 8:00 am	<b>Breakfast</b>	<b>Fairway Deck</b>
8:00 am – 8:15 am	<b>Welcome</b> , Reid Sutton	
8:15 am – 9:15 am	<b>Reports from the RRC/ACGME</b> , Reid Sutton and Laura Edgar	
9:15 am – 9:30 am	<b>Update on the Match</b> , Reid Sutton	
9:30 am – 10:00 am	<b>Match Discussion: One Year Pre-Requisite Training</b>	
10:00 am – 10:15 am	<b>Break</b>	<b>Fairway Deck</b>
10:15 am – 10:30 am	<b>Update on the In-service Exam</b> , Mimi Blitzer	
10:30 am – 11:00 am	<b>Report from ABMG</b> , Mimi Blitzer	
11:00 am – 12:15 pm	<b>Plenary Session: Milestones, Competencies, EPAs, and the Next Accreditation System: Help!</b> <b>Speaker:</b> Joseph Gilhooly, MD Neonatologist, Oregon Health & Sciences University, Portland, OR Chair, RRC for Pediatrics	
12:15 pm – 1:00 pm	<b>Lunch</b>	<b>Fairway Deck</b>
1:00 pm – 2:45 pm	<b>Break-out Sessions</b>	
	<b>Pediatric Workgroup</b> Joan Stoler and Jacquelyn Roberson	<b>Martini</b>
	<b>Adult Workgroup</b> Fuki Hisama	<b>Trefethen</b>
	<b>Prenatal Workgroup</b> Susan Klugman	<b>Buena Vista</b>
	<b>Cancer Workgroup</b> Jodi Hoffman	<b>Sutter Home</b>
	<b>Clinical Lab Workgroup</b> Tao Wang	<b>Silverado East</b>
	<b>QI Workgroup</b> Nat Robin	<b>Silverado East</b>
	<b>Research Workgroup</b> Jacquelyn Roberson	<b>Beringer</b>
	<b>Biochemical Workgroup</b> Katrina Dipple	<b>Chappellet</b>
2:45 pm – 3:45 pm	<b>Report from Break-out Groups/Next Steps</b>	<b>Silverado East</b>

**Graduate Program Directors/Educators SIG Meeting**  
**Wednesday, May 7, 2014, 3:00 pm – 5:00 pm – *Buena Vista***  
**AGENDA**

3:00 pm

**Welcome**  
Mimi Blitzer

3:05 pm – 5:00 pm

**Group Discussion**



**Clinical Laboratory Training Program Directors SIG Meeting  
Friday, May 9, 2014, 12:00 pm – 2:00 pm – Martini/Trefethen  
AGENDA**

- |                     |   |
|---------------------|---|
| 12:00 pm            | <b>Welcome</b><br>Tina Cowan  |
| 12:05 pm – 12:15 pm | <b>ABMG Report</b><br>Mimi Blitzer, University of Maryland  |
| 12:15 pm – 2:00 pm  | <b>“Milestones Project” for Clinical Lab Fellows</b><br><br>What are milestones & why are they an effective training standard<br><br>Review of some example lab milestones<br><br>Break out groups, each to create a milestone or identify a topic for milestone development<br><br>Re-group to share small group ideas<br><br>Create a plan to continue this process throughout the year |

**Medical School Genetics Course Directors SIG Meeting**  
**Friday May 9, 2014, 12:00 pm – 6:00 pm – Buena Vista/Sutter Home**  
**AGENDA**

- 12:00 pm – 12:30 pm      **Welcome, Kathy Hyland**
- Updates/Announcements**  
Genetics Education Resource Exchange (GERE), *Kate Garber*  
Review of Genetics on USMLE, *Darrel Waggoner, Reed Pyeritz*
- 12:30 pm – 1:00 pm      **Genetics Curriculum Survey, Shoumita Dasgupta, Jevon Plunkett**  
How can we as Course Directors use the survey data?  
How are Course Directors using the Genetics Core Curriculum Competencies?  
Next Steps
- 1:00 pm – 2:30 pm      **Genetics Education Across the UME Continuum, Karen Weisbecker, Kate Garber**  
**Presentation and discussion of curricula from two institutions**  
*Lori Potocki, MD, Baylor College of Medicine*  
*Nat Robin, MD, University of Alabama, Birmingham*
- 2:30 pm – 3:00 pm      **Poster Session and Coffee Break**
- 3:00 pm – 4:00 pm      **Flip and Elevate Part 1: How to use Active Learning Modalities to Elevate the Level of Learning in the Classroom, Kathy Hyland**  
Principles of Active Learning and Flipped Classroom  
What holds us back? Brainstorm hindrances and solutions  
Beyond ARS: Elevating the level of learning
- 4:00 pm – 4:30 pm      **Discussion: What and How Should we be Teaching Medical Students About Genomic Medicine?, Jeanette McCarthy, Darrel Waggoner**
- 4:30 pm – 5:30 pm      **Flip and Elevate Part 2: Developing a Genomic Medicine Flipped Classroom Session, Kathy Hyland**  
  
Develop a genomic medicine “flipped classroom” session to use at your own institution!
- 5:30 pm – 5:40 pm      **Elections, Darrel Waggoner**
- 5:40 pm – 6:00 pm      **Future Directions, Wrap Up, Kathy Hyland**

# 2013/2014 APHMG Officers and Council

## **Laurie Demmer, MD, President (2013-2015)**

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## **APHMG Meeting Staff**

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# POSTER ABSTRACTS FOR THE MEDICAL SCHOOL COURSE DIRECTOR'S SIG

## POSTER #1

Andrew K. Sobering, PhD  
St. Georges University  
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### **Using Interactive Audience Response Devices (Clickers) in a Team Based Learning Session**

*Andrew Sobering, St. George's University*

Students participated in a voluntary, interactive Team-Based-Learning (TBL) session utilizing an audience response system (clickers). Multiple choice questions were presented, each with a 60 to 90 second time constraint. Student responses and correct answers were not displayed. A 25 minute discussion session followed; students were encouraged to break into teams to discuss concepts associated with the questions. Finally, a second poll was taken with a 30 to 45 second time limit. After each question, the correct answer and the percentage of students who scored correctly from before and after the discussion session was revealed. At this point, the facilitator had the option to address issues stemming from student responses. This session revealed the following:

1. Time constraints during question polling created an efficient pace for the session.
2. The TBL session functions better with the above format as opposed to sessions where each question had its own two minute discussion period between first and second polls.
3. Student feedback was overwhelmingly positive regarding as compared to previous efforts.
4. Analysis of exam performance revealed a significant improvement in test scores among those students who attended the session.
5. TBL in this format is effective as a learning tool and does not require investment of infrastructure as the session may be done in a traditional lecture hall, without requiring help from additional faculty.

Statistical analysis of data obtained and suggestions for further improvement of the session are presented in this poster.

## POSTER #2

Helga V. Toriello, PhD,  
Michigan State University College of Human Medicine,  
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### **Using Fictional Clinical Cases to Teach First Year Students how to Research Genetic Conditions**

*Helga V. Toriello, PhD*

The College of Human Medicine (CHM) at Michigan State University has a traditional curriculum which consists of 1 year of didactic lectures (first year), 1 year of practice-based learning (PBL) centered around 9 domains, and 2 years of clinical rotations. The genetics course is offered during the second half of the first term of year 1, and consists of 32 lectures. In the past, grades were determined solely on student performance on two “midterm” and one final examination. As an experiment, homework exercises were developed as a means to increase student engagement in medical genetics. One of the homework assignments is based on what the students learned in the molecular biology portion of the course; students are asked to explain to a fictional patient whether genetically modified salmon was safe to consume. The second assignment is a fictional paper case which the students are asked to research and answer questions on this fictional case. Fifty different cases were developed, and are randomly assigned to students. The students are asked to come up with a reasonable diagnosis and to answer 5 questions about that diagnosis (e.g., risk, cause, differential diagnosis, etc.). Students are not graded on whether or not they had the correct diagnosis, but rather how they answered their questions based on that diagnosis. However, 80% of these first year, clinically-naïve students came up with the correct diagnosis. This presentation will provide examples of the paper cases as well as examples of student responses to these clinical cases.

## POSTER #3

Jevon Plunkett-Rondeau, PhD  
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Shoumita Dasgupta, PhD  
Boston University School of Medicine  
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### **The Inclusion of Genetic Testing of Students in Medical School Genetics Courses**

*Jevon Plunkett-Rondeau<sup>1</sup>, Katherine Hyland<sup>2</sup>, Shoumita Dasgupta<sup>3</sup>.*

<sup>1</sup>Stanford University School of Medicine, <sup>2</sup>University of California, San Francisco School of Medicine, <sup>3</sup>Boston University School of Medicine.

Recent trends, such as increased accessibility and declining cost of sequencing genomes, have extended the role of genetics in medicine beyond rare disorders. The impact of genetics on diagnosis and clinical management will likely increase as our understanding of genetic influences on conditions and their treatment deepens and as new technologies are developed. To utilize genetic information effectively, students must have a strong foundation with which to maintain currency and competence as new applications of genetics are discovered. One strategy proposed to enhance student engagement and comprehension is the inclusion of active learning exercises employing results from genetic testing of mock patients or medical students themselves in genetics courses.

In a survey of US and Canadian medical genetics course directors, we evaluated current practices and concerns regarding the inclusion of genetic testing of students. 100 of 153 identified course directors participated in an online questionnaire between September 2013 and March 2014. Of 100 respondents, 14 currently incorporate genetic/genomic testing of students as a curricular exercise and another 7 plan to do so in the future. Of those who test students, a variety of methods have been used: genome sequencing (n=4), microarray (n=3), karyotyping (n=3), 23andMe or similar product (n=3), and analysis of a few selected genes (e.g. pharmacogenetic variants, n=3). Several courses using genetic testing addressed ethical concerns by seeking IRB approval (n=2), providing genetic counseling to students (n=2), providing students with only their own results (n=3), or reporting deidentified results from class as a whole (n=2). Programs that have chosen not to include genetic testing most often cited ethical concerns for not doing so, including potential harm from identifying abnormal variants or privacy concerns, expense, and lack of adequate resources such as genetic counseling. Controversy over inclusion of genetic testing of students has led a number of courses to seek alternative methods for students to interpret genetic testing results, such as reviewing public data or touring clinical laboratories. Inclusion of student genetic testing remains controversial, but has been used in a small number of medical genetics courses that safeguard students against ethical concerns by including IRB review, private results, and/or genetic counseling.

## POSTER #4

Shoumita Dasgupta, PhD  
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Shankar Mundluru, MBE  
Boston University School of Medicine  
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### **Medical Students' Attitudes Toward the Decision to Pursue Genetic Testing for Huntington's Disease**

*Shankar Mundluru and Shoumita Dasgupta, Boston University School of Medicine*

#### Purpose:

Predictive testing for Huntington's disease (HD) has allowed patients at risk to ascertain their likelihood of developing the disease. It was thought that since the test was introduced, a relative majority of patients would pursue testing. However, only a small minority of patients has done so (4-15%). No studies have looked at the personal biases of health professionals towards testing and their effects on patient decisions. We aim to study these biases in medical students and analyze the ethical implications of their influence on patient care.

#### Methods:

First year medical students were given lectures on the features of and testing for HD. They then attended a patient session featuring a family directly affected by HD. Students wrote responses to a series of questions related to the session's influence on their future medical careers and personal decisions to pursue genetic testing for HD. These responses were analyzed for common themes informing their responses and providing insight into the nature of their future patient care.

#### Results:

We received responses from 140 students. Of the 76 who responded to whether or not they would pursue testing if they were personally at risk, 69 (90.8%) said they would pursue testing, 4 (5.3%) said they would not pursue testing, and 3 (3.9%) said they were unsure. Of the 69 who said they would personally pursue testing, 27 (39.1%) mentioned being motivated in the context of planning for major life decisions, 12 (17.4%) mentioned wanting to eliminate the fear of the unknown, and 45 (65.2%) mentioned the effects of an HD diagnosis on family life in driving their decisions. Of the 34 students who responded to whether or not they would encourage patients at risk to pursue testing, 12 (35.4%) said they would encourage at risk patients to undergo testing. 22 (64.7%) said that the choice is up to the patient, and they would not influence the patient for or against testing.

#### Conclusion:

There is a clear disparity between medical students' and the general population's desires to get tested for HD if personally at risk. Despite this, medical students do recognize the personal nature of the decision and only a minority of students (35.4%) would encourage testing in their future patients. However, this minority (35.4%) is still a great deal higher than the percent of the general population that would get tested (4-15%). In addition, many of the 35.4% who would encourage testing were adamant about their position. These results have ethical implications of the possibility of coercion by physicians and the projection of their desires on patients.

## POSTER #5

Miriam Blitzer, PhD  
University of Maryland School of Medicine  
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### **Personal Genomes in Medical Education: Pharmacogenomics**

*CG Perry, KA Maloney, LE Doyle, NP Ambulos Jr., RS Wachbroit,, AR Shuldiner, MG Blitzer*

University of Maryland School of Medicine, Baltimore, MD

#### Purpose:

The discovery of an increasing number of genetic variants with clinical utility is being recognized across all disciplines of medicine. Current medical students training in this “Genomic Era” require enhanced education regarding personalized and genomic medicine to better serve their future patients. In summer 2012, the University Of Maryland School Of Medicine initiated a one-month summer elective course entitled “The Role of Personal Genomes in Medicine.” In post-course surveys, students expressed interest in the opportunity to genotype their own DNA samples for pharmacogenetic variants as an educational exercise; there was little interest in personal genotyping for disease susceptibility variants. After careful planning, IRB consultation and student input, the exercise was incorporated in the 2013 summer elective. The activity involved genetic testing using a drug metabolism, excretion and transport (DMET) panel (Affymetrix), results of which were provided to students for guided analysis and interpretation along with pre- and post-test genetic counseling. Students made an anonymous decision to receive results from their own DNA or to review results from a de-identified control. The aims of this study were to: 1) assess the knowledge and attitudes of medical students toward pharmacogenetic testing, 2) identify the advantages and disadvantages of pharmacogenetic testing from a medical student perspective and, 3) determine the extent to which the use of one’s own DNA enriched the educational experience.

#### Methods:

We surveyed medical students enrolled in the course before and after pre-test genetic counseling and after the DMET analysis and interpretation exercise was completed. Responses between surveys were compared using Fisher exact tests and Student’s t-tests when paired data were available.

#### Results:

All 15 students chose to use their own DNA for the DMET exercise with interest/curiosity being the most commonly listed reason. Students felt that DMET analysis could be useful in the clinical setting. They felt significantly more informed about the potential findings that could result from the DNA analysis after genetic counseling compared to before genetic counseling ( $P < 0.001$ ). In all three surveys, clinical utility and stress/anxiety/confusion from results were the most frequently listed advantage and disadvantages, respectively, to using one’s own DNA. Overall, students felt that using their own DNA enhanced the educational exercise and had little or no disadvantages.

#### Conclusion:

As medical curricula evolve to include a genomic medicine component, incorporating the use of student DNA for pharmacogenomic analyses appears less fraught with ethical and other concerns than disease susceptibility testing and may be an effective option to enrich such educational experiences.



## POSTER #6

Jonathan Bernstein, MD, PhD  
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### **Impact of a Short Feature Film on Student Engagement in a Case Based Learning Activity**

*Jonathan A. Bernstein, Sylvia Berekenyei, Jennifer Deitz and Maren Grainger-Monsen*

Stanford University School of Medicine

During the 2013-2014 academic year we introduced the use of a short feature film about a child with VLCADD as a component of a case-based learning activity on biochemical genetics. Students prepared for the session by answering related questions on the preceding problem set, were introduced to the case by viewing a 2 minute clip and then worked in teams to solve problems related to the diagnosis and management of VLCADD. After the teams completed the case related questions, the class viewed the remainder of the 15 minute feature and participated in discussion of the impact of the condition on the day to day experiences of the patient and her family. The impact of the video on student experience was assessed through the use of questionnaires and focus groups. Comparison was made between three similarly formatted sessions on cytogenetics, molecular genetics and cancer genetics and the biochemical genetics session including the short feature. Students expressed that the short feature was valuable to their learning and expressed that it was helpful in “grounding” their learning in the patient context. Overall, the four case based learning sessions were highly rated by students. The ratings for the session with the short feature were not significantly different that for the other sessions. Student feedback will be incorporated into the design of additional features on cancer genetics and cardiovascular genetics and their integration into the course.

## POSTER #7

Jennifer Fitzpatrick, MS  
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### **Pedigree Taking, Risk Assessment and Counseling in an Active Learning Classroom**

*Nancy Braverman, MS, MD and Jennifer Fitzpatrick, MS, McGill University*

The Faculty of Medicine at McGill University has implemented a new curriculum for its class of 225 medical and dental students. Instructors in all subject areas were required to reduce and make more effective use of their teaching hours. Concurrent with curriculum renewal, the space used for small group teaching was converted to large, interactive classrooms. We developed a 3-hour workshop to facilitate student learning in pedigree taking, basic risk assessment and the preparation of a genetic counseling outline for use in active learning classrooms.

Students received a 1 hour lecture on Mendelian and mitochondrial inheritance and a 1 hour lecture on non-Mendelian inheritance and genetic individuality. Lecture content included cases/diseases that illustrated AR, AD and X-linked inheritance patterns, trinucleotide repeats, gonadal mosaicism and multifactorial inheritance. Assigned reading reviewed the above concepts as well as pedigree symbols and their interpretation. No specific preparation from students was required for the workshop itself. In the active learning classrooms, students seated themselves around 8 tables of 8. Each room had a moderator and 2 tutors. The moderator presented students with a series of activities; for each, students worked a set amount of time on their own and then participated in a large group discussion to reinforce learning points. The 3 faculty members moved from table to table, answering questions and providing feedback while the students worked. Cases began with basic skills and slowly increased in complexity:

- (1) Pedigree drawing exercise, no disease
- (2) Pedigree drawing exercise, family history of disease (sickle cell)
- (3) Search for diagnosis for (2) and determination of appropriate confirmatory test
- (4) Genetic risk assessment and preparation of counselling outline for sickle cell
- (5) Search for diagnosis using pedigree with symptoms in AD pattern (neurofibromatosis I)
- (6) Genetic risk assessment and preparation of counselling outline for NF
- (7) Risk assessment for family history of multifactorial condition (depression)
- (8) Preparation of counselling outline for complex traits

Lessons learned from teaching basic medical genetics skills in active learning classrooms fell into two main categories. Requirements include:

- (1) Different teaching style - need dynamism, microphones, moderators to take turns, strict attention to time, acceptance of noise
- (2) Diversity among tutors – need medical geneticist, PhD researcher, and genetic counsellor in each room to address wide variety of questions

Despite the challenges, we found our approach could effectively address a diversity in student backgrounds, learning styles and needs, and tutors reported a high degree of satisfaction.

**SAVE THE DATE**  
**21<sup>ST</sup> Annual APHMG Workshop and  
Special Interest Group Meetings**  
**May 6 - 8, 2015**  
**Sheraton Key Sands, Clearwater, Florida**



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